

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ JUN 07 2012 ★

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

LONG ISLAND OFFICE

Lawton S. High 11004827
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY TRIAL DEMAND
YES ☒ NO ☐

-against-

Kathleen M. Rice (DA)
Michelle Lealison (ADA)
William C. Donadio (Judge)

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

CV-12 2887

**FEUERSTEIN, J
LINDSAY, M.**

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ()
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution? Yes () No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Lawton S. High

Address 100 CASMAN AVE E. Meadow N.Y 11554

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Kathleen M. Rice (DA)
District Attorney
NASSAU county

Defendant No. 2

Michele Lewison (ADA)
Assistant District Attorney
NASSAU county

Defendant No. 3

William C. Domino (Judge)
Justice Supreme Court
NASSAU county

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

ON 6/6/11 I WAS ARRESTED AND CHARGED WITH A CRIME BURGLARY 2nd degree AND BURGLARY in the Third degree. I HAVE SUBMITTED SEVERAL MOTIONS WHICH WERE TO BE HEARD AND NEVER ARE. THE JUDGE AND THE ADA ARE CONSPIRING TO COVER UP ME BEING FALSELY ARRESTED AND INDICTED FOR A CRIME THAT NEVER TOOK PLACE. THIS IS KNOWN BY THE DISTRICT ATTORNEY OFFICE AS WELL AS THE COURT. MY EIGHTH AMENDMENT RIGHT, MY NINTH AMENDMENT, MY THIRTEENTH AMENDMENT RIGHT AND MY FOURTEENTH AMENDMENT RIGHTS ARE BEING VIOLATED

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I AM CLAIMING MENTAL ANGUISH AND ABUSE. I NO LONGER HAVE THE WILL TO LIVE.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

I AM seeking the Monetary sum of
\$100,000,000 for my wrongful imprisonment. My constitutional rights are being
violated along with my New York state
rights.

I declare under penalty of perjury that on 6/4/12, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 6 day of June, 2012. I declare under penalty of
perjury that the foregoing is true and correct.

Sawton & High
Signature of Plaintiff

NASSAU COUNTY Jail
Name of Prison Facility

100 CADMAN AVE
Elmeadow N.Y. 11554

Address

11004827
Prisoner ID#